

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

PAGE: 1

CHRISTUS ST JOSEPH VILLA  
451 BISHOP FEDERAL LANE  
SALT LAKE CITY UT 84115  
STATE'S REGION CODE: 001

PROVIDER #: 465095      FACILITY BEDS  
PHONE NUMBER: (801) 487-7557      TOTAL: 221  
PARTICIPATION DATE: 10/01/1984      CERTIFIED: 221      TYPE OWNERSHIP: NONPROFIT - CHURCH RELATED

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 03/27/2003

TOTAL: 188  
MEDICARE: 28  
MEDICAID: 62  
OTHER: 98

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 221

18    18/19    19    ICF/MR  
--    -----    --    -----  
                 221

## CURRENT SURVEY REVISIT DATES - 05/27/2003

PRIOR 3 SURVEY 01/2000	S/S CODE	PRIOR 2 SURVEY 02/2001	S/S CODE	PRIOR 1 SURVEY 05/2002	S/S CODE	CURRENT SURVEY 03/27/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	H				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D				REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	E						REQ F0241-DIGNITY
		X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	E				REQ F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	D						REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
X	E								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	G				REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	D						REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	D			X C	G	05/23/2003	REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
				X	D				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	H				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
X	E	X	E	X	B	X C	E	05/02/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E	X C	E	05/15/2003	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
		X	E						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	H				REQ F0444-WASH HANDS WHEN INDICATED
				X	D				REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
				X	D				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
				X	D				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
				X	H				REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3    PRIOR 2    PRIOR 1    CURRENT  
SURVEY    SURVEY    SURVEY    SURVEY  
01/2000    02/2001    04/2002    03/25/2003

			X C	05/09/2003
			X C	05/09/2003
			X C	04/30/2003
X			X C	04/30/2003
X			X C	05/13/2003
	X		X N	
		X	X C	05/16/2003
			X C	05/21/2003
			X C	04/25/2003
			X C	05/02/2003
		X	X C	05/16/2003
	X	X	X C	05/13/2003
			X C	05/09/2003
			X N	
X				
	X			
		X		
			X C	05/16/2003
			X C	05/02/2003
			X C	05/02/2003
X	X		X C	05/22/2003

## LSC DEFICIENCIES - BLDG NO. 01

K0011-COMMON WALL  
K0014-INTERIOR FINISH - CORRIDOR  
K0017-CORRIDOR WALLS  
K0018-CORRIDOR DOORS  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0029-HAZARDOUS AREAS - SEPARATION  
K0039-CORRIDOR WIDTH  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0061-MAIN SPRINKLER CONTROL  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0069-COOKING EQUIPMENT  
K0073-FLAMMABLE FURNISHINGS  
K0076-MEDICAL GAS SYSTEM  
K0130-OTHER  
K0011-COMMON WALL  
K0015-INTERIOR FINISH - ROOMS  
K0018-CORRIDOR DOORS  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0034-STAIRS AND SMOKE PROOF TOWERS  
K0061-MAIN SPRINKLER CONTROL  
K0070-SPACE HEATERS  
K0073-FLAMMABLE FURNISHINGS  
K0130-OTHER

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	3	13	9	2
HEALTH TOTAL	3	13	9	2

LIFE SAFETY CODE	18	5	3	4
LIFE SAFETY CODE + HEALTH	21	18	12	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
12/30/2002	UNSUBSTANTIATED
02/04/2003	UNSUBSTANTIATED
03/05/2003	UNSUBSTANTIATED
07/28/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY